

DECLARATION AND POWER OF ATTORNEY

COPY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Methods and Devices for Improving Ultrasonic Measurements
Using Multiple Angle Interrogation**

the specification of which:

is attached hereto and identified as Attorney Docket No. Angle.app.us.

I hereby state that I reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) (Country) (Number) (Day/Month/Year Filed) Priority Claimed

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status Pending</u>
Methods and Devices for Improving Ultrasonic Measurements Using Anatomical Landmarks and Soft Tissue Correction	March 9, 1998	pending

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I further direct that correspondence concerning this application be directed to:

(760)-634-3969

Full name of first inventor: John D. Mendlein

Date: 5/1/98

Citizen: USA

Full name of second inventor: Philipp Lang

Date: 5/2/88

Citizen: Germany

Angle.app.us
Mendlein and Lang



PTQ/SB/81 (10-00)

Approved for use through 10/31/2002 OMB 0651-0035
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Application Number	09/071,854
Filing Date	6/2/1998
First Named Inventor	Mendlein
Group Art Unit	3737
Examiner Name	Jaworski
Attorney Doctcat Number	Angle.app us

23483



Name	23483	Registration Number
	PATENT	TRADEMARK OFFICE

☒ Please change the correspondence address for the above-identified application to:


OR

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/ISB/96).

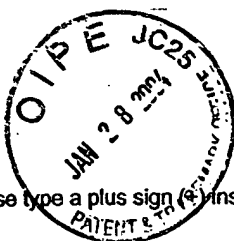
SIGNATURE of Applicant or Assignee of Record

Name	John Mendlein, Ph.D.
Signature	
Date	JUNE 27 JUNE 27 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicati n Number	09/071,854
Filing Date	05/02/98
First Named Inventor	Mendlein
Group Art Unit	3737
Examiner Name	Jaworski, F.
Attorney Docket Number	Angle.App.US (112959-120)

I hereby appoint:

☒ Practitioners at Customer Number

23483

OR

☐ Practitioner(s) named below:



Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

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Individual Name

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City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

January 31, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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